مر				201 AV	AILABLE				ication or	Doc	ad Numbe	•		
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000 0982 30-7.0														
	CLAIMS AS FILED - PART ! (Column 1) (Column 2)								SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY					
	on Alecto	20	(Column)				PAT	E	FEE	E	RATE	FEE		
TOTAL CLAMAS					NUMBER EXTRA		BASS	FEE :	355.00	OR	ASC FEE	10.00		
FOR .			MARKER FR.		. 0		XS			OR	X\$18=			
TOTAL CHARGEABLE CLAIMS			20 minus	20-						.	X60=			
NDEPENDENT CLAIMS			3 minu	-Ea	1		X40-			OR	7,503			
MUL	VILITIPLE DEPENDENT CLAIM PRESENT									OR	+270=			
on TOTAL 70.80														
CARRIAGO DARTII														
14	12-0461	AIMS AS	MENUED	(Column 2	(Cotumn 5)	SM	ALLE		OR F	SHALLE	ADOL		
7	00.1	CLUMS		HEALESY	PRESENT		T.,	TE	ADDI- TIONAL		RATE	TIONAL		
1		REMAINING		PREVIOUS			L		FEE			FEE		
ENDMENT A		AMENDMENT	Minus	-20	•	7	XI	9-	:	OR	X\$18=			
후	Total	. 10	Minus	***	-	1	T _x	0-		OR	X80=			
ANE	Independent	- 3		ENDENT CL	AM	1	-				+270=			
FIRST PRESENTATION +135=										ОЯ	1014			
									ADDIT, FEE					
5	(Cohumn 1) (Cohumn 2) (Cohumn 3)									•		ADDI-		
_		CLAIMS		HIGHEST NUMBER PREVIOUSLY PAID FOR	r presen		i	ATE	ADDI- TIONAL		RATE	TIONAL		
12		AFTER"					mic		FEE	1		· FEE		
		AMENDIENA) Minus	-0	O •		×	\$ 9 =	9=	OR	X\$18=			
AMENDIMENT	Total	1 3	Minus		3 -		T _x	40=		OR	X80=			
II	Independent	IRST PRESENTATION OF MURTIPLE DEPENDENT CLAIM							-	1				
L	PHO PRESERVATION OF							135= YOYAL		OR	TOYAL			
	DCS -6/13/05									HOF	ADDIT, FEE			
		C Calima 1		(Cohm	2) (Column	3)						1		
-		(Column Column		MUMB		M	Г	=	ADDI- TIONA		RATE	ADDI- TIONAL		
P		REMAINING		PREVIOL PALD FI	SLY DITR	A	,	ATE	FEE	נ		FEE		
		AMENDACE		1-2	0 -		Ι,	C\$9≥		OF	X\$18=			
AMENDMENT C	Total	1.00	Minus	-0	, -			K40=	1	7	VOL	-		
	the pend n	OD CATOON CO		1 /	ELIM [1		140G	+	- ^{OF}	`	1		
L	PARSI PARS						1.	135-	<u> </u>	OF		1		
1	" If the entry in column 1 is less than the entry in column 2, write "I" in column 3. " If the entry in column 1 is less than the entry in column 2, write "I" is a column 3, enter 20. " If the Tophesi Number Previously Paid For" IN THES SPACE is less than 3, enter "3."]ot	ADDIT. PE	-		
	" If the Rights!	Number Previous	by Paid For DIT By Paid For DIT	hes space b	has from 3, enter 110 is the highest I	. J.	r tourd	DIT. FEI	ppropriate	pom jo				
ı	The Tighest	tumber Providual	y Paid For (Total	G. Norberge	end in a se and and an a							os convert		

FORM PTO-676 (Flor BIOD)